
Health Safety Net Billing Requirements

Presented by

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Health Safety Net Billing Requirements

- **Billing Format Change**
- **General Requirements**
- **Key Claim Detail Requirements**
- **Special Requirements for HSNO Types**
- **Question & Answer Period**



Health Safety Net Billing Requirements

- Billing Format Change
 - UB92 Flat File to 837I
 - Review UB92/UB04/837I Crosswalk posted the Division's website for billing element requirements
 - Final 837I Specifications Posted on the Division's website and should be forwarded to programming staff
 - Suggestion/Feedback period still open; email comments to Marc Prettenhofer at Marc.Prettenhofer@state.ma.us



Health Safety Net Billing Requirements

- General Requirements
 - Provider-side 'scrub' for appropriate services and items
 - Using Medicare editors will aid with medical coding concerns with HSNO
 - Follow the coverage guidelines of the regulations
 - Eligibility and services for some HSNO coverage is unique, e.g., Confidential Applications
 - Units of Service when necessary
 - Modifiers on procedures when appropriate
 - Important for multiple patient visits on the same day at the same provider
 - Use of date sensitive CPTs, HCPCS, ICD-9s and ICD-9 CMs



Health Safety Net Billing Requirements

- General Requirements continued...
 - One claim per patient-visit to a single provider.
 - If billing Professional Charges to the HSN, these must be reported using Revenue Codes 96x, 97x or 98x as appropriate
 - Do not use Revenue Code 510 to report Professional Charges as this will cause errors to occur
 - Use Revenue Code 512 for Dental services
 - Total Charges must equal submitted revenue lines
 - Allowable Bill Types are 13x and 11x, with allowable Billing Frequencies of 1, 7 or 8.
 - When submitting Replacement claims, no need to Void first
 - When submitting Void claims, all data must match



Health Safety Net Billing Requirements

- Key Claim Detail Requirements
 - Patient's full name, birthdate, gender, and address
 - Patient's SSN or ITIN is required (if unknown or not able to obtain use 000000001)
 - Outpatient claim line items require units of service
 - Verify Modifier usage when multiple E&M services are present on an outpatient claim
 - NPI is required for Attending and/or Operating and/or Other Providers on claim
 - HSN level is required on each and every claim; Prime, Partial, Second, BD, CA, or MH
 - This may correspond to a Registration Identifier on Provider systems, check with Registration Staff



Health Safety Net Billing Requirements

- Special Requirements for Confidential Application Claims
 - Confidential Applications (CA) have three unique eligibilities:
 - Minor seeking Family Planning and/or STI testing and treatment
 - Patient must be less than 18 years old on date of service
 - Services are limited to Family Planning and/or STI testing and treatment
 - Adult seeking services when reporting as Abused, Neglected or has a Threat of Abuse
 - Patients are eligible for the same services as HSNO Prime



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- Special Requirements continued...
 - ER Bad Debt
 - These claims need the qualifier of BD in order to pass the Eligibility module at the Division
 - Inpatient claims require Evidence Collection submission on an interactive website (in development).
 - Medical Hardship
 - These claims need the qualifier of MH in order to go into Suspense for Evidence Documentation matching
 - Eligibility is tied to Application Decision from the Division



Health Safety Net Billing Requirements

- Question and Answer Period
- Send additional questions or concerns regarding billing transition to Marc.Prettenhofer@state.ma.us
- Visit the Division's website at:
 - <http://eohhs-web.ehs.govt.state.ma.us/>
 - select Division of Health Care Finance & Policy
 - Select Health Safety Net (HSN) on the left side of screen
- Call the Help Desk at 1-800-609-7232 for Sends / iNet issues

